

NUECES COUNTY
Mental Disability/Suicide Intake Screening

NAME Donzales Eric DATE OF BIRTH 3, 1, 79
 Last First MI
 STATE ID # _____ DATE 6, 3, 04 COMPLETED BY Damey

- ☒ Was inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes _____ No ☒ If Yes, when? _____
- ☒ Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes _____ No ☒

QUESTIONNAIRE FOR DETAINEE		OBSERVATION QUESTIONS	
1. Have you ever received MHMR services or other mental health services?	Yes No	6. Does the individual act or talk in a strange manner?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. Do you know where you are?	Correct Incorrect	7. Does the individual seem unusually confused or preoccupied?	Yes No
3. What season is this?	Correct Incorrect	8. Does the individual talk very rapidly or seem to be in an unusually good mood?	Yes No
4. How many months are there in a year?	Correct Incorrect	9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes No
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?	Yes No	10. (a) Does the individual's vocabulary (in his/her native tongue) seem limited?	Yes No
(b) If yes, ask for an explanation: "What do you hear?" _____ _____ _____		(b) Does the individual have difficulty coming up with words to express him/herself?	Yes No

SUICIDE RELATED QUESTIONS / OBSERVATIONS

11. (a) Have you ever attempted suicide?	Yes No	14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes No
(b) Have you ever had thoughts about killing yourself? If yes, when? _____ Why? _____ How? _____	Yes No		
12. Are you thinking about killing yourself today?	Yes No	15. Have you experienced a recent loss or death of family member or friend or are you worried about major problems other than your legal situation?	Yes No
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14)	Yes No	16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	Yes No
(b) Do you feel this way now?	Yes No		

COMMENTS Unable to question - uncooperative

A SINGLE INAPPROPRIATE RESPONSE, EXCEPT AS APPROPRIATE IN A.3, INDICATES ADDITIONAL EVALUATION RECOMMENDED.